


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000005326**


1. Entity Name  
**VITALITY FOODSERVICE, INC.**



Principal Place of Business  
**400 NORTH TAMPA STREET  
 PLANTATION, FL 33324**

Mailing Address  
**400 NORTH TAMPA STREET  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1478302</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DR  
 STE 4  
 WESTON, FL 33331**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEINEN, JOSEPH 400 NORTH TAMPA STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VILJOEN, GARY 400 NORTH TAMPA STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACHESON, DARREN L 400 NORTH TAMPA STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO JOHNSON, KIMBERLY S 400 NORTH TAMPA STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MINTON, JOHN 400 NORTH TAMPA STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADANI, DAVID 400 NORTH TAMPA STREET TAMPA, FL 33602

U000000300122  
 01/31/08-80004-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K.S. Minton CFO Date: 1/27/08 Daytime Phone #: 813-273-5366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR